

BUCKET CALF: Proof of vaccination to be given to Superintendent at fair

4-HER'S NAME: _____

VACCINE NAME/MAKER: _____

SERIAL #: _____

NAME OF VETERINARIAN: _____

PHONE #: _____

ADDRESS: _____

VACCINE PROTECTION FROM: _____ Blackleg _____ IBR BVD PL3 _____ Worming

EXPIRATION DATE: _____

DATE OF VACCINE: _____

REVACCINATION DUE DATE: _____

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